

OHCA Strategy Forum
October 11 - 12, 2017

AGENDA: DAY 1

Time	Session	Presenter
8:30 - 9:00	Registration, Networking and Table Introductions	Table Facilitator All
9:00 - 9:25	Call Meeting to Order	Chairman Ed McFall
	Welcome and Overview Presentation	Sharon Hsieh Beth VanHorn Colleen Flory
9:25 - 9:50	Session 1: Vision of Success for OHCA Goals	Colleen Flory
9:50 - 10:05	BREAK	
10:05 - 11:20	Session 2: Develop Goal Information	Colleen Flory Table Groups
11:20 - 11:45	Session 3: OHCA Budget, Externalities and Constraints	Becky Ikard
11:45 - 1:00	LUNCH	
1:00 - 2:05	Session 4: Review and Elaborate on Focus Areas	Colleen Flory Table Groups
2:05 - 2:30	Session 5: Review OHCA Core Functions and Projects	Colleen Flory Table Groups
2:30 - 2:45	BREAK	
2:45 - 3:45	Session 6: Determine Impact of Core Functions and Projects on Focus Areas	Colleen Flory Table Groups
3:45 - 4:00	Closing	Colleen Flory
4:00	RECESS	Chairman Ed McFall

OHCA Strategy Forum
October 11 - 12, 2017

AGENDA: DAY 2

Time	Session	Presenter
8:30 - 9:00	Reconvene Strategy Forum/Welcome	Chairman Ed McFall Table Facilitator
9:00 - 9:15	Session 7: Review Outcomes from Previous Day	Beth VanHorn Colleen Flory
9:15 - 10:00	Session 8: Determine Gaps and New Ideas for Focus Areas	Colleen Flory Table Groups
10:00 - 10:15	BREAK	
10:15 - 10:55	Session 9: Open Discussion of Items/Issues	Colleen Flory All
10:55 - 11:00	Closing	Colleen Flory
11:00	ADJOURN	Chairman Ed McFall

OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
October 12, 2017 at 12:30 P.M.
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
OKC, OK

AGENDA

Items to be presented by Ed McFall, Chairman

1. Call to Order / Determination of Quorum
2. Action Item – Approval of the September 27, 2017 OHCA Board Meeting Minutes

Item to be presented by Becky Pasternik-Ikard, Chief Executive Officer

3. Discussion Item – Chief Executive Officer’s Report
 - a) Employee Recognition – Becky Pasternik-Ikard, Chief Executive Officer
 - July All-Star - Bev Reed, Financial Manager II – Carrie Evans
 - b) Special Recognition – Becky Pasternik-Ikard
 - c) Financial Update – Carrie Evans, Chief Financial Officer
 - d) Medicaid Director’s Update – Garth Splinter, Deputy Chief Executive Officer
 1. MAU Transformation
 2. Tobacco Cessation – Della Gregg, HMP Manager; Kelly Parker, SoonerQuit Health Promotion Grant Supervisor
 - e) Legislative Update – Cate Jeffries, Interim Legislative Liaison

Item to be presented by Beverly Couch, Senior Research Analyst for Waiver Development & Reporting

4. Discussion Item – Statewide Transition Plan Overview

Item to be presented by Maria Maule, Deputy General Counsel

5. Announcements of Conflicts of Interest Panel Recommendations for All Action Items Regarding This Board Meeting.

Item to be presented by Burl Beasley, Assistant Director of Pharmacy Services

6. Action Item – Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes 5030.3.
 - a) Consideration and vote to add **Afstyla® [Antihemophilic Factor (Recombinant), Single Chain] and Rebinyn® [Coagulation Factor IX (Recombinant), GlycoPEGylated]** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

- b) Consideration and vote to add **Endari™ (L-Glutamine)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- c) Consideration and vote to add **Namenda XR® (Memantine Extended-Release Capsules)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- d) Consideration and vote to add **Fabrazyme® (Agalsidase Beta)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- e) Consideration and vote to add **Kisqali® (Ribociclib), Kisqali® Femara® Co-Pack (Ribociclib/Letrozole), and Nerlynx™ (Neratinib)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Ed McFall, Chairman

- 7. New Business
- 8. ADJOURNMENT

NEXT BOARD MEETING
November 9, 2017
Oklahoma Health Care Authority
Oklahoma City, OK

MINUTES OF A SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
September 27, 2017
Oklahoma Health Care Authority Boardroom
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on September 26, 2017 at 1:00 p.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on September 22, 2017 at 12:30 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman McFall called the meeting to order at 1:06 p.m.

BOARD MEMBERS PRESENT: Chairman McFall, Member Case, Member Nuttle, Member Robison

BOARD MEMBERS ABSENT: Vice-Chairman Armstrong, Member Bryant, Member McVay

OTHERS PRESENT:

Mike Fogarty
Shannon Wilkinson, OHCA
Rhonda C. Harjo, Chickasaw Nation
Harvey Reynolds, OHCA
Melinda Thomason, OHCA
Bill Garrison, OHCA
Lewis Robinson, OHCA
Sherris Harris-Ososanya, OHCA
Rick Snyder, OHA
Thomas Nunn, DO, OHCA
Kelli Brodersen, OHCA
Jimmy Witcosky, OHCA

OTHERS PRESENT:

Mark DeClerk, Lilly
Marlene Asmussen
Laura Dempsey, Morton Comprehensive Health Services
LeKenya Antwine, OHCA
David Ward, OHCA
Gloria LaFitte, OHCA
Tammy Vaughn, Southeastern OK Family Services
Melissa McCully, OHCA
Meg Wingerter, The Oklahoman
Mia Smith, OHCA
Dwynna Vick, OHCA
Brent Wilborn, OKPCA

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARY SCHEDULED BOARD MEETING HELD August 24, 2017.

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION: Member Case moved for approval of the August 24, 2017 board meeting minutes as published. The motion was seconded by Member Robison.

FOR THE MOTION: Chairman McFall, Member Nuttle

BOARD MEMBERS ABSENT: Vice-Chairman Armstrong, Member Bryant, Member McVay

ITEM 3A / RECOGNITION OF 2017 GREAT 100 NURSES HONOREES

The following OHCA 2017 Great 100 Nurses were recognized

- Carolynn Reconnu-Shoffner, RN, BSN, CCM, Assistant Director of Population Care Management(PCM)
- Maria Gutierrez, RN, BSN, PCM Supervisor
- Becky Pasternik-Ikard, JD, MS, RN, Chief Executive Officer

ITEM 3B / ALL-STAR INTRODUCTION

The following OHCA All-Star was recognized

- August All-Star – Demetria Bennett, Policy Development Coordinator (Tywanda Cox)

ITEM 3C / FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans gave a brief update on OHCA’s current finances. July financials were not presented as there has been light administrative spending. Ms. Evans will present August financials at the October Board meeting. OHCA is under budget in Medicaid program spending for July, August and September looks to be under budget as well. Ms. Evans presented a list of items we could implement should the \$70 million not be filled completely or at all in the future. For more detailed information, see Item 3c in the board packet.

ITEM 3D / MEDICAID DIRECTOR’S UPDATE

Garth Splinter, Deputy Chief Executive Officer

Dr. Splinter provided an update for July 2017 data that included a report on the number of SoonerCare enrollees in different areas of the Medicaid program including total in-state providers. Dr. Splinter also presented charts showing monthly enrollment and monthly change in enrollment for Choice, Traditional and Insure Oklahoma For more detailed information, see Item 3d in the board packet.

ITEM 3E / LEGISLATIVE/BUDGET UPDATE

Cate Jeffries, Interim Legislative Liaison

Ms. Jeffries gave a brief update regarding the special session, which started September 25, 2017. About 196 measures have been filed. OHCA is tracking 35 of those bills and keeping an eye on 66 others that appear to be shell bills related to budget and government efficiency. HB 1099, the cigarette tax, passed through the House and Senate JCABs. The House recessed because an agreement could not be made. Three bills, identical to the Hope Act, have been introduced, one of which has been assigned a committee.

ITEM 4 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS

Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts.

ITEM 5 / CONSIDERATION AND VOTE UPON THE RECOMMENDATIONS OF THE STATE PLAN AMENDMENT RATE COMMITTEE

Carrie Evans, Chief Financial Officer

- Consideration and Vote for a rate change to increase the rate paid for private duty nursing (Procedure Code T1000) from \$6.30 per 15 min unit (\$25.20 / hour) to \$7.55 per 15 min unit (\$30.20 / hour). The estimated budget impact for state fiscal year 2018 is estimated to be \$0. This assumes increased costs from longer inpatient stays if there is no change.

MOTION: Member Case moved for approval of Item 5 as published. The motion was seconded by Member Nuttle.

FOR THE MOTION: Chairman McFall, Member Robison

BOARD MEMBERS ABSENT: Vice-Chairman Armstrong, Member Bryant, Member McVay

ITEM 6 / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT. THE AGENCY REQUESTS THE ADOPTION OF THE FOLLOWING EMERGENCY RULES

Tywanda Cox, Chief of Federal and State Policy

Action Item – a) Consideration and Vote upon a Declaration of a Compelling Public Interest for the promulgation of *all Emergency Rules* in item eight in accordance with 75 Okla. Stat. § 253.

Action Item – b) Consideration and Vote of Agency Recommended Rulemaking Pursuant to Article I of the Administrative Procedures Act. The Agency Requests the Adoption of the Following Emergency Rules:

The following emergency rules HAVE NOT previously been approved by the Board.

- a) AMENDING agency rules at OAC 317:45-11-20 to strengthen program integrity in the Insure Oklahoma Individual Plan. Revisions make it incumbent upon the self-employed applicant to verify self-employment by completing and submitting certain documentation. These revisions will help ensure that self-employed applicants are engaged in routine, for-profit activity, in accordance with Internal Revenue Service guidelines.

Budget Impact: Budget neutral

(Reference APA WF # 17-02)

- b) AMENDING agency rules at OAC 317:30-3-4.1 and 317:30-3-30 will clarify the authentication of electronic medical records. Current policy that became effective September 1, 2017 requires that the record be authenticated within three (3) days of the provision of the underlying service. New revisions will revert the three (3) day signature language to the policy that was in place on June 25, 2011. The proposed revisions will clarify that the authentication of medical records is expected on the day the record is completed. Additionally, revisions will describe that the signature of the rendering provider and date entry is expected within three (3) business days from the day the record is completed if the record is being transcribed.

Budget Impact: Budget neutral

(Reference APA WF # 17-13)

- c) AMENDING agency rules at OAC 317:30-5-696 will clarify dental coverage for adults by amending the rule that limits dental services for adults to “emergency” extractions. The policy was initially intended for emergency extractions and was later revised to medically necessary extractions. The intent of the change was to ensure the emergency extractions were medically necessary; therefore, the policy will revert to the original language to include the term emergency along with reference to where emergency dental care is defined in policy. Additionally, the proposed revisions add new language on the medically necessary images and oral examination that can accompany an emergency extraction.

Budget Impact: Revisions will result in approximately \$479,017 of state share savings for eight months of SFY 2018.

(Reference APA WF # 17-14)

MOTION: Member Robison moved for approval of emergency rulemaking for Item 6a as published. The motion was seconded by Member Case.

FOR THE MOTION: Chairman McFall, Member Nuttle

BOARD MEMBERS ABSENT: Vice Chairman Armstrong, Member Bryant, Member McVay

MOTION: Member Nuttle moved for approval of emergency rulemaking for Item 6b.a-c as published. The motion was seconded by Member Case.

FOR THE MOTION: Chairman McFall, Member Robison

BOARD MEMBERS ABSENT: Vice Chairman Armstrong, Member Bryant, Member McVay

ITEM 7A-E / CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION BOARD UNDER 63 OKLAHOMA STATUTES 5030.3

Nancy Nesser, Pharmacy Director

- a) Consideration and vote to add **Radicava™ (Edaravone)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- b) Consideration and vote to add **Eucrisa™ (Crisaborole 2% Ointment), Dupixent® (Dupilumab Injection), & Prudoxin™ and Zonalon® (Doxepin 5% Cream)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- c) Consideration and vote to add **Vimizim® (Elosulfase Alfa)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- d) Consideration and vote to add **Ravaldex® (Calcifediol), Parsabiv™ (Etelcalcetide), Zemplar® (Paricalcitol Capsules), and Hectorol® (Doxercalciferol Capsules)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- e) Consideration and vote to add **Brineura™ (Cerliponase Alfa)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION: Member Case moved for approval of Item 7a-e as published. The motion was seconded by Member Robison.

FOR THE MOTION: Chairman McFall, Member Nuttle

BOARD MEMBERS ABSENT: Vice Chairman Armstrong, Member Bryant, Member McVay

ITEM 8 / PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE CHIEF OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLAHOMA STATUTES §307(B) (4)
 Nicole Nantois, Chief of Legal Services

There was no executive session

ITEM 9 / NEW BUSINESS

There was no new business.

ITEM 10 / ADJOURNMENT

MOTION: Member Robison moved for approval for adjournment. The motion was seconded by Member Case.

FOR THE MOTION: Chairman McFall, Member Bryant, Member McVay, Member Robison

BOARD MEMBERS ABSENT: Vice Chairman Armstrong

Meeting adjourned at 2:03 p.m., 09/27/2017

NEXT BOARD MEETING
 October 12, 2017
 Oklahoma Health Care Authority
 Oklahoma City, OK

Martina Ordonez
Board Secretary

Minutes Approved: _____

Initials: _____



FINANCIAL REPORT

For the Two Months Ended August 31, 2017
Submitted to the CEO & Board

- Revenues for OHCA through August, accounting for receivables, were **\$790,336,368** or **.5% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$729,164,693** or **1.7% under** budget.
- The state dollar budget variance through August is a **positive \$8,188,394**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	4.1
Administration	.5
Revenues:	
Drug Rebate	1.9
Taxes and Fees	1.2
Overpayments/Settlements	.5
Total FY 17 Variance	\$ 8.2

ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 205: Supplemental Hospital Offset Payment Program Fund	4
Fund 230: Quality of Care Fund Summary	5
Fund 245: Health Employee and Economy Act Revolving Fund	6
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund	7

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2018, For the Two Month Period Ending August 31, 2017

REVENUES	FY18 Budget YTD	FY18 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 220,037,313	\$ 220,037,313	\$ -	0.0%
Federal Funds	426,988,693	415,563,412	(11,425,281)	(2.7)%
Tobacco Tax Collections	8,221,543	9,585,297	1,363,754	16.6%
Quality of Care Collections	13,124,043	13,019,276	(104,767)	(0.8)%
Prior Year Carryover	29,000,260	29,000,260	-	0.0%
Federal Deferral - Interest	45,242	45,242	-	0.0%
Drug Rebates	27,848,391	32,538,958	4,690,567	16.8%
Medical Refunds	5,167,114	6,463,780	1,296,666	25.1%
Supplemental Hospital Offset Payment Program	60,401,222	60,401,222	-	0.0%
Other Revenues	3,702,641	3,681,608	(21,033)	(0.6)%
TOTAL REVENUES	\$ 794,536,461	\$ 790,336,368	\$ (4,200,094)	(0.5)%

EXPENDITURES	FY18 Budget YTD	FY18 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 9,286,005	\$ 8,495,879	\$ 790,126	8.5%
ADMINISTRATION - CONTRACTS	\$ 18,168,721	\$ 17,513,363	\$ 655,358	3.6%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	7,683,282	7,452,931	230,352	3.0%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	147,617,087	149,152,327	(1,535,240)	(1.0)%
Behavioral Health	3,468,488	3,615,745	(147,258)	(4.2)%
Physicians	71,788,857	65,864,802	5,924,055	8.3%
Dentists	21,777,494	22,415,851	(638,356)	(2.9)%
Other Practitioners	9,495,640	9,403,240	92,400	1.0%
Home Health Care	2,907,070	2,861,725	45,345	1.6%
Lab & Radiology	5,495,731	4,794,294	701,437	12.8%
Medical Supplies	8,549,397	8,710,301	(160,904)	(1.9)%
Ambulatory/Clinics	33,978,641	31,384,174	2,594,466	7.6%
Prescription Drugs	100,517,935	96,432,020	4,085,915	4.1%
OHCA Therapeutic Foster Care	2,000	751	1,249	0.0%
<u>Other Payments:</u>				
Nursing Facilities	94,895,153	94,631,512	263,642	0.3%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	10,684,566	10,251,261	433,305	4.1%
Medicare Buy-In	28,796,837	28,872,031	(75,193)	(0.3)%
Transportation	11,067,586	11,076,555	(8,969)	(0.1)%
Money Follows the Person-OHCA	40,986	51,606	(10,620)	0.0%
Electronic Health Records-Incentive Payments	3,301,674	3,301,674	-	0.0%
Part D Phase-In Contribution	17,863,441	18,002,495	(139,054)	(0.8)%
Supplemental Hospital Offset Payment Program	132,313,947	132,313,947	-	0.0%
Telligen	1,763,260	2,566,210	(802,950)	(45.5)%
Total OHCA Medical Programs	714,009,072	703,155,451	10,853,621	1.5%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 741,553,180	\$ 729,164,693	\$ 12,388,487	1.7%

REVENUES OVER/(UNDER) EXPENDITURES	\$ 52,983,281	\$ 61,171,675	\$ 8,188,394	
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OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
SFY 2018, For the Two Month Period Ending August 31, 2017

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 7,474,267	\$ 7,450,757	\$ -	\$ 21,336	\$ -	\$ 2,174	\$ -
Inpatient Acute Care	262,706,712	97,275,244	81,114	564,047	98,873,320	124,146	65,788,840
Outpatient Acute Care	77,877,567	51,090,085	6,934	668,699	25,537,046	574,802	-
Behavioral Health - Inpatient	11,202,389	2,156,505	-	65,989	7,574,695	-	1,405,200
Behavioral Health - Psychiatrist	1,788,126	1,459,240	-	-	328,886	-	-
Behavioral Health - Outpatient	2,633,565	-	-	-	-	-	2,633,565
Behavioral Health-Health Home	8,747,246	-	-	-	-	-	8,747,246
Behavioral Health Facility- Rehab	31,885,176	-	-	-	-	13,077	31,885,176
Behavioral Health - Case Management	2,759,511	-	-	-	-	-	2,759,511
Behavioral Health - PRTF	10,228,710	-	-	-	-	-	10,228,710
Behavioral Health - CCBHC	11,302,014	-	-	-	-	-	11,302,014
Residential Behavioral Management	3,097,325	-	-	-	-	-	3,097,325
Targeted Case Management	10,071,149	-	-	-	-	-	10,071,149
Therapeutic Foster Care	751	751	-	-	-	-	-
Physicians	77,118,396	64,999,263	9,683	806,838	-	855,855	10,446,756
Dentists	22,424,827	22,413,753	-	8,976	-	2,098	-
Mid Level Practitioners	439,995	436,337	-	3,462	-	197	-
Other Practitioners	9,051,593	8,872,801	74,394	84,886	-	19,511	-
Home Health Care	2,862,222	2,861,620	-	496	-	105	-
Lab & Radiology	4,929,166	4,759,421	-	134,872	-	34,873	-
Medical Supplies	8,780,953	8,253,022	451,922	70,652	-	5,358	-
Clinic Services	32,219,508	30,185,723	-	196,688	-	30,102	1,806,996
Ambulatory Surgery Centers	1,198,392	1,167,299	-	30,042	-	1,051	-
Personal Care Services	1,989,757	-	-	-	-	-	1,989,757
Nursing Facilities	94,631,512	57,647,352	36,976,544	-	-	7,616	-
Transportation	11,075,510	10,650,520	388,351	18,090	-	18,550	-
GME/IME/DME	44,484,650	-	-	-	-	-	44,484,650
ICF/IID Private	10,251,261	8,346,937	1,904,325	-	-	-	-
ICF/IID Public	1,621,348	-	-	-	-	-	1,621,348
CMS Payments	46,874,526	46,739,757	134,768	-	-	-	-
Prescription Drugs	98,549,318	95,952,499	-	2,117,298	-	479,521	-
Miscellaneous Medical Payments	19,135	18,269	-	-	-	866	-
Home and Community Based Waiver	34,355,749	-	-	-	-	-	34,355,749
Homeward Bound Waiver	13,714,129	-	-	-	-	-	13,714,129
Money Follows the Person	51,606	51,606	-	-	-	-	-
In-Home Support Waiver	4,296,957	-	-	-	-	-	4,296,957
ADvantage Waiver	30,369,220	-	-	-	-	-	30,369,220
Family Planning/Family Planning Waiver	957,613	-	-	-	-	-	957,613
Premium Assistance*	9,953,673	-	-	9,953,673	-	-	-
Telligen	2,566,210	2,566,210	-	-	-	-	-
Electronic Health Records Incentive Payments	3,301,674	3,301,674	-	-	-	-	-
Total Medicaid Expenditures	\$ 1,009,863,404	\$ 528,656,645	\$ 40,028,035	\$ 14,746,045	\$ 132,313,947	\$ 2,169,900	\$ 291,961,909

* Includes \$9,879,671.49 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2018, For the Two Month Period Ending August 31, 2017

REVENUE	FY18 Actual YTD
Revenues from Other State Agencies	\$ 112,907,465
Federal Funds	179,436,511
TOTAL REVENUES	\$ 292,343,976
EXPENDITURES	
Department of Human Services	
Home and Community Based Waiver	\$ 34,355,749
Money Follows the Person	-
Homeward Bound Waiver	13,714,129
In-Home Support Waivers	4,296,957
ADvantage Waiver	30,369,220
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	1,621,348
Personal Care	1,989,757
Residential Behavioral Management	1,540,581
Targeted Case Management	8,694,649
Total Department of Human Services	96,582,389
State Employees Physician Payment	
Physician Payments	10,446,756
Total State Employees Physician Payment	10,446,756
Education Payments	
Graduate Medical Education	25,162,701
Graduate Medical Education - Physicians Manpower Training Commission	2,315,348
Indirect Medical Education	17,006,601
Direct Medical Education	-
Total Education Payments	44,484,650
Office of Juvenile Affairs	
Targeted Case Management	386,577
Residential Behavioral Management	1,556,744
Total Office of Juvenile Affairs	1,943,321
Department of Mental Health	
Case Management	2,759,511
Inpatient Psychiatric Free-standing	1,405,200
Outpatient	2,633,565
Health Homes	8,747,246
Psychiatric Residential Treatment Facility	10,228,710
Certified Community Behavioral Health Clinics	11,302,014
Rehabilitation Centers	31,885,176
Total Department of Mental Health	68,961,421
State Department of Health	
Children's First	229,968
Sooner Start	1,377,744
Early Intervention	743,484
Early and Periodic Screening, Diagnosis, and Treatment Clinic	316,337
Family Planning	42,263
Family Planning Waiver	909,890
Maternity Clinic	1,293
Total Department of Health	3,620,980
County Health Departments	
EPSDT Clinic	111,621
Family Planning Waiver	5,460
Total County Health Departments	117,082
State Department of Education	-
Public Schools	16,471
Medicare DRG Limit	65,000,000
Native American Tribal Agreements	-
Department of Corrections	-
JD McCarty	788,840
Total OSA Medicaid Programs	\$ 291,961,909
OSA Non-Medicaid Programs	\$ 13,870,325
Accounts Receivable from OSA	\$ 13,488,258

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2018, For the Two Month Period Ending August 31, 2017

REVENUES	FY 18 Revenue
SHOPP Assessment Fee	\$ 60,362,767
Federal Draws	79,308,980
Interest	29,812
Penalties	8,643
State Appropriations	(7,550,000)
TOTAL REVENUES	\$ 132,160,201

EXPENDITURES	Quarter	FY 18 Expenditures
Program Costs:	7/1/17 - 9/30/17	
Hospital - Inpatient Care	98,873,320	\$ 98,873,320
Hospital -Outpatient Care	25,537,046	25,537,046
Psychiatric Facilities-Inpatient	7,574,695	7,574,695
Rehabilitation Facilities-Inpatient	328,886	328,886
Total OHCA Program Costs	132,313,947	\$ 132,313,947

Total Expenditures	\$ 132,313,947
---------------------------	-----------------------

CASH BALANCE	\$ (153,745)
---------------------	---------------------

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
SFY 2018, For the Two Month Period Ending August 31, 2017

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 13,012,582	\$ 13,012,582
Interest Earned	6,695	6,695
TOTAL REVENUES	\$ 13,019,276	\$ 13,019,276

EXPENDITURES	FY 18 Total \$ YTD	FY 18 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 36,367,031	\$ 14,568,632	
Eyeglasses and Dentures	46,513	18,633	
Personal Allowance Increase	563,000	225,538	
Coverage for Durable Medical Equipment and Supplies	451,922	181,040	
Coverage of Qualified Medicare Beneficiary	172,126	68,954	
Part D Phase-In	134,768	53,988	
ICF/IID Rate Adjustment	905,800	362,863	
Acute Services ICF/IID	998,525	400,009	
Non-emergency Transportation - Soonerride	388,351	155,573	
Total Program Costs	\$ 40,028,035	\$ 16,035,231	\$ 16,035,231
Administration			
OHCA Administration Costs	\$ 88,682	\$ 44,341	
DHS-Ombudsmen	-	-	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 88,682	\$ 44,341	\$ 44,341
Total Quality of Care Fee Costs	\$ 40,116,717	\$ 16,079,572	
TOTAL STATE SHARE OF COSTS			\$ 16,079,572

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 245: Health Employee and Economy Improvement Act Revolving Fund
SFY 2018, For the Two Month Period Ending August 31, 2017

REVENUES	FY 17 Carryover	FY 18 Revenue	Total Revenue
Prior Year Balance	\$ 7,673,082	\$ -	\$ 4,808,651
State Appropriations	(3,000,000)	-	-
Tobacco Tax Collections	-	7,883,694	7,883,694
Interest Income	-	26,405	26,405
Federal Draws	304,022	6,004,701	6,004,701
TOTAL REVENUES	\$ 4,977,104	\$ 13,914,801	\$ 18,723,452

EXPENDITURES	FY 17 Expenditures	FY 18 Expenditures	Total \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 9,879,671	\$ 9,879,671
College Students/ESI Dental		74,001	29,645
Individual Plan			
SoonerCare Choice		\$ 20,658	\$ 8,276
Inpatient Hospital		562,152	225,198
Outpatient Hospital		663,553	265,819
BH - Inpatient Services-DRG		63,811	25,563
BH -Psychiatrist		-	-
Physicians		798,986	320,074
Dentists		7,842	3,141
Mid Level Practitioner		3,380	1,354
Other Practitioners		84,393	33,808
Home Health		496	199
Lab and Radiology		130,407	52,241
Medical Supplies		69,928	28,013
Clinic Services		190,047	76,133
Ambulatory Surgery Center		30,042	12,035
Prescription Drugs		2,098,142	840,516
Transportation		18,090	7,247
Premiums Collected		-	(109,131)
Total Individual Plan		\$ 4,741,926	\$ 1,790,484
College Students-Service Costs		\$ 50,445	\$ 20,208
Total OHCA Program Costs		\$ 14,746,045	\$ 11,720,009
Administrative Costs			
Salaries	\$ 40,359	\$ 352,696	\$ 393,055
Operating Costs	24,305	2,345	26,650
Health Dept-Postponing	-	-	-
Contract - HP	103,788	81,714	185,502
Total Administrative Costs	\$ 168,452	\$ 436,755	\$ 605,207
Total Expenditures			\$ 12,325,216
NET CASH BALANCE	\$ 4,808,651		\$ 6,398,235

**OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:**

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
SFY 2018, For the Two Month Period Ending August 31, 2017**

REVENUES	FY 18 Revenue	State Share
Tobacco Tax Collections	\$ 157,318	\$ 157,318
TOTAL REVENUES	\$ 157,318	\$ 157,318

EXPENDITURES	FY 18 Total \$ YTD	FY 18 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 2,174	\$ 609	
Inpatient Hospital	124,146	\$ 34,811	
Outpatient Hospital	574,802	\$ 161,175	
Inpatient Services-DRG	-	\$ -	
Psychiatrist	-	\$ -	
TFC-OHCA	7,616	\$ 2,136	
Nursing Facility	-	\$ -	
Physicians	855,855	\$ 239,982	
Dentists	2,098	\$ 588	
Mid-level Practitioner	197	\$ 55	
Other Practitioners	19,511	\$ 5,471	
Home Health	105	\$ 30	
Lab & Radiology	34,873	\$ 9,778	
Medical Supplies	5,358	\$ 1,502	
Clinic Services	30,102	\$ 8,441	
Ambulatory Surgery Center	1,051	\$ 295	
Prescription Drugs	479,521	\$ 134,458	
Transportation	18,550	\$ 5,201	
Miscellaneous Medical	866	\$ 243	
Total OHCA Program Costs	\$ 2,156,823	\$ 604,773	
OSA DMHSAS Rehab	\$ 13,077	\$ 3,667	
Total Medicaid Program Costs	\$ 2,169,900	\$ 608,440	
TOTAL STATE SHARE OF COSTS			\$ 608,440

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OHCA Board Meeting October 12, 2017 (August 2017 Data)

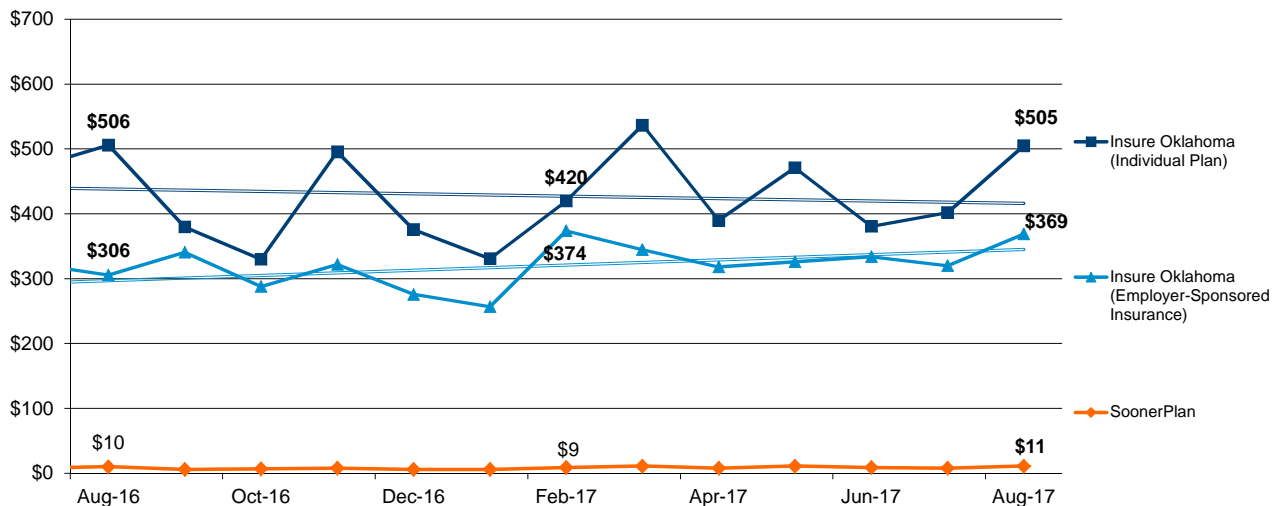
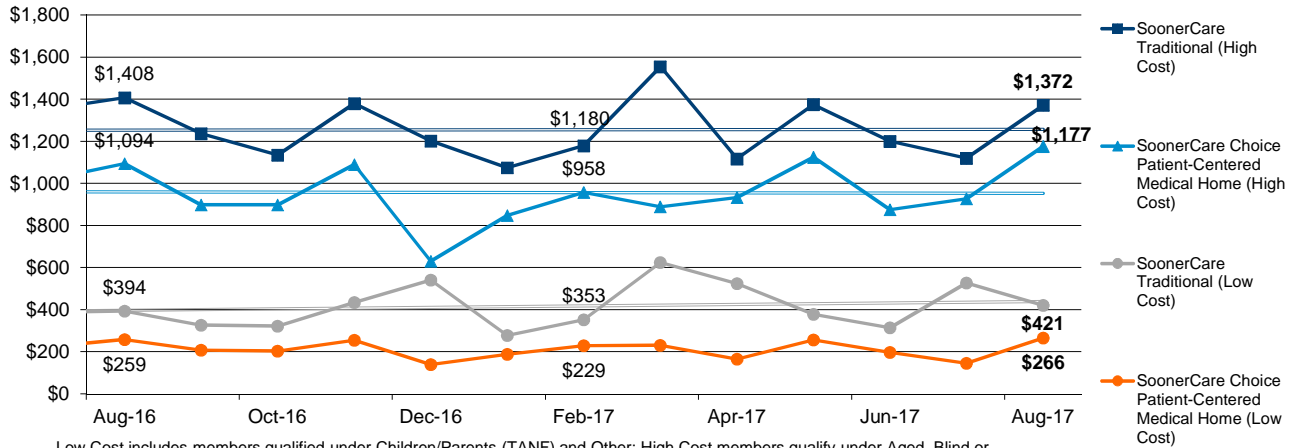
SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System			Enrollment August 2017	Children August 2017	Adults August 2017	Enrollment Change	Total Expenditures August 2017	PMPM August 2017	Forecasted August 2017 Trend PMPM
SoonerCare Choice Patient-Centered Medical Home			541,867	446,057	95,810	3,539	\$184,297,027		
Lower Cost	(Children/Parents; Other)		497,692	431,987	65,705	3,456	\$132,298,787	\$266	\$205
Higher Cost	(Aged, Blind or Disabled; TEFFRA; BCC)		44,175	14,070	30,105	83	\$51,998,240	\$1,177	\$993
SoonerCare Traditional			236,459	88,892	147,567	-337	\$208,292,059		
Lower Cost	(Children/Parents; Other)		122,077	83,973	38,104	-683	\$51,402,131	\$421	\$460
Higher Cost	(Aged, Blind or Disabled; TEFFRA; BCC & HCBS Waiver)		114,382	4,919	109,463	346	\$156,889,928	\$1,372	\$1,250
SoonerPlan			33,760	2,798	30,962	617	\$362,073	\$11	\$10
Insure Oklahoma			19,812	489	19,323	113	\$8,013,444		
Employer-Sponsored Insurance			14,603	313	14,290	63	\$5,385,370	\$369	\$342
Individual Plan			5,209	176	5,033	50	\$2,628,074	\$505	\$440
TOTAL			831,893	538,236	293,657	3,927	\$400,964,603		

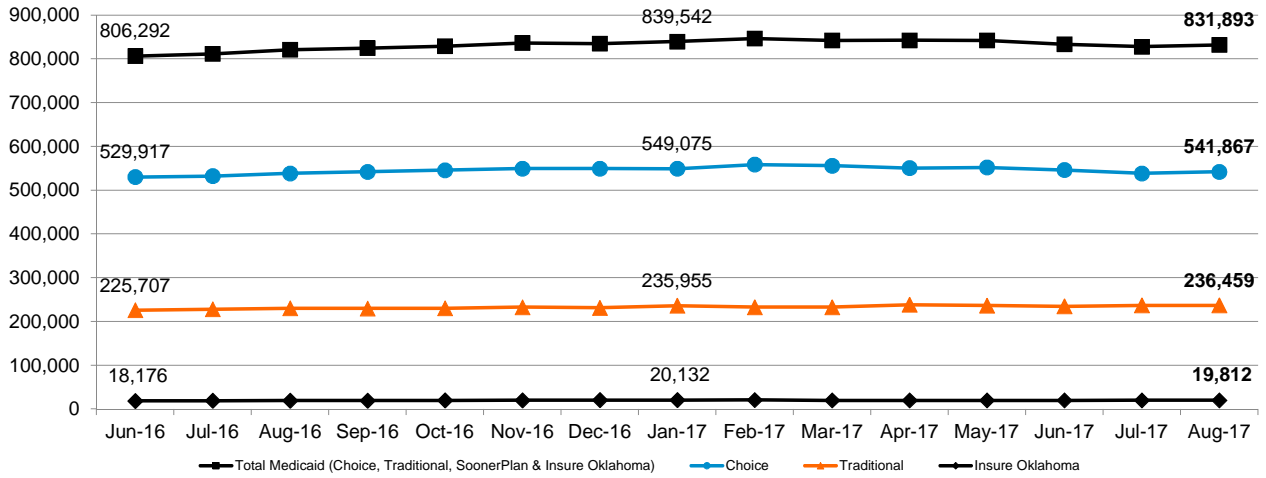
Enrollment totals include all members enrolled during the report month. Members may not have expenditure data. Children are members aged 0 - 20 or for Insure Oklahoma enrolled as Students or Dependents.

Total In-State Providers: 31,757 (+505)			(In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)						
Physician	Pharmacy	Dentist	Hospital	Mental Health	Optometrist	Extended Care	Total PCPs	PCMH	
9,540	980	1,342	186	3,360	578	389	6,804	2,681	

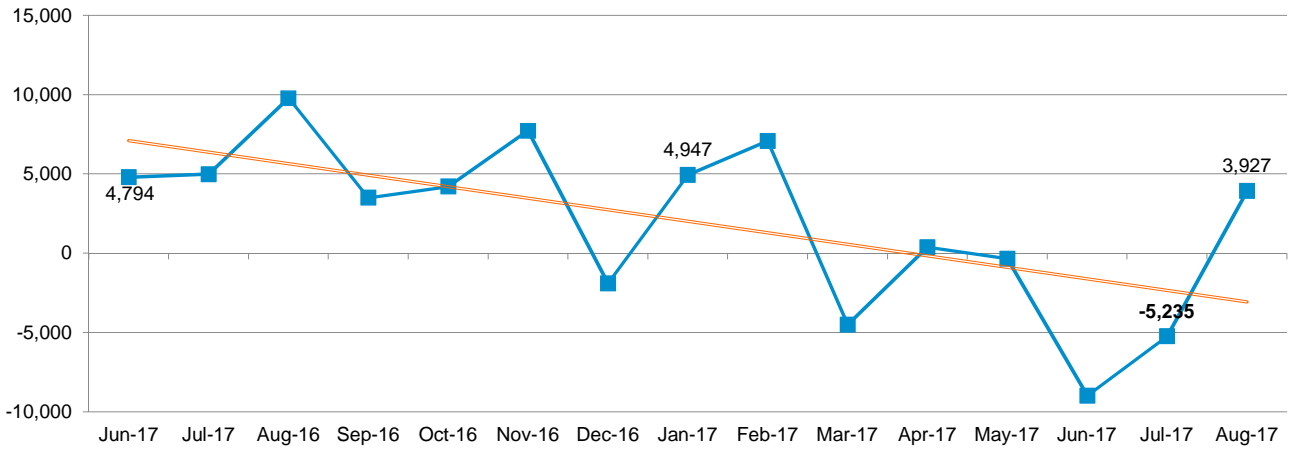
PER MEMBER PER MONTH COST BY GROUP



ENROLLMENT BY MONTH



MONTHLY CHANGE IN ENROLLMENT





Medical Authorization & Review Transformation

October 12, 2017

OHCA Board Meeting

Garth Splinter, M.D.

What are Prior Authorizations?

- Requesting authorization for specific services to treat a patient
- Done prior to treatment
- Approved based on medical necessity
- Allows claim to be processed
- This discussion does not include dental, pharmacy, or behavioral health

Why Do We Have Prior Authorizations?

- To review high-cost services prior to service being done
- To review services prone to over utilization
- To decrease the number of services that have to be questioned after they're already done

Outsourcing History

- Prior to November 2010 – In-house, manual processing
- November 2010 – Imaging PAs outsourced
- July 2014 – Therapies (speech, physical, occupational) PAs outsourced

Outsourcing History

- August 2015 – Radiation and cardiology outsourced – added to imaging contract
- August 2015 - Joint surgeries, spine surgeries and pain management outsourced – added to therapies contract

Contract Amendments: Bringing Processing Back In-house

- November 1, 2016 – Contract amendments
 - Cancelled outsourcing of cardiology, large joint surgeries, spine surgeries, pain management, and radiation therapy code set
- July 1, 2017 – Contract expiration
 - Cancelled imaging and therapies (speech, physical, occupational) code set
- Plan was to release RFP (September 2016) for all nine code sets

Original Plan: Continue Outsourcing

- An RFP was developed requesting individual bids on each code set.
- RFP not released due to agency constraints (budget and IT resources).
- Only remaining feasible option was to bring all PA processing in-house.



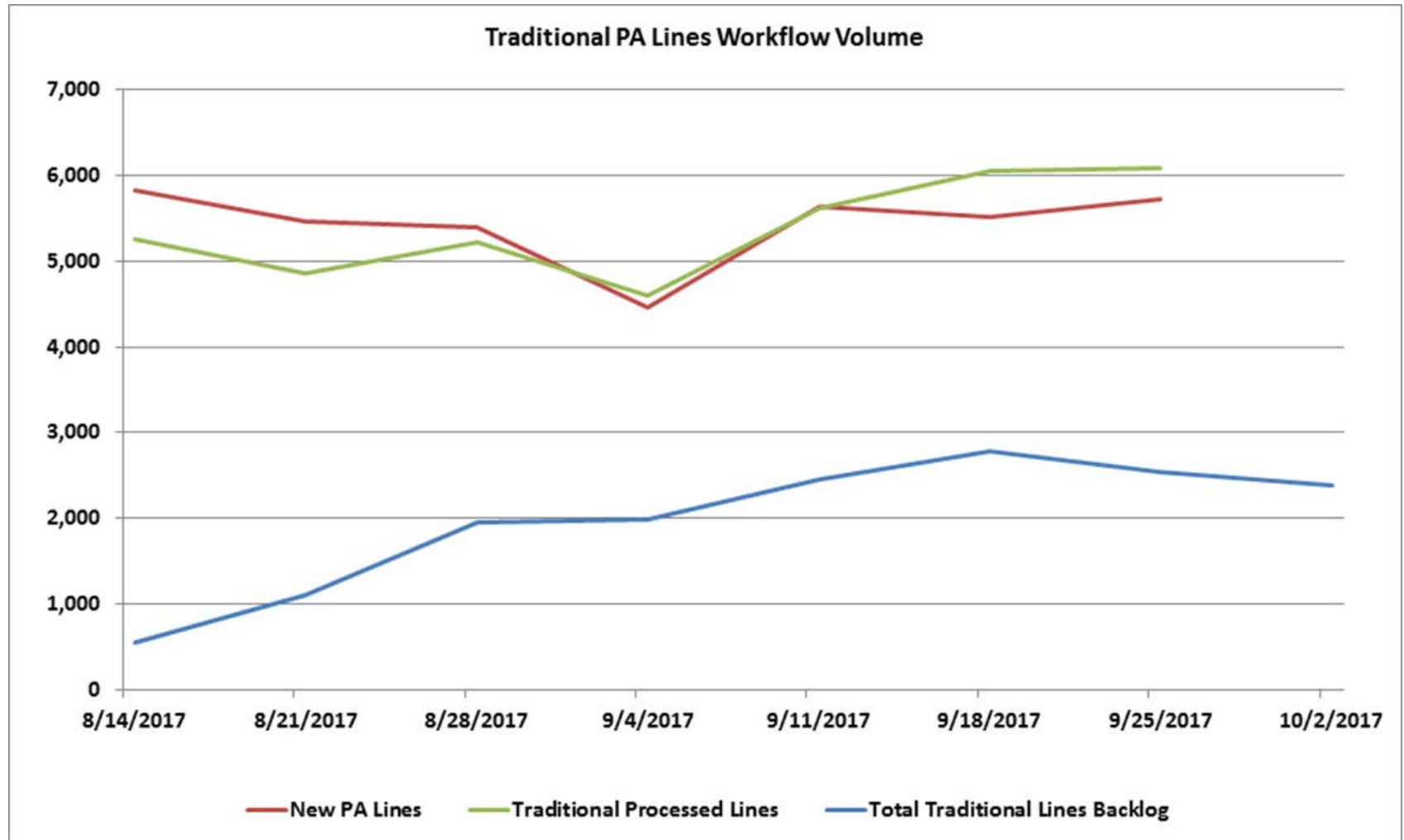
Expanding In-house PA Processing (1)

- Organizational Changes
 - Created a new durable medical equipment (DME) unit
 - Shifted two management positions eliminating one level of management
 - Created new Medical Support Services Unit to support new PA volume balancing and rules development functions
- Staffing increased (four new staff, two currently frozen; nine contracted FTEs; two temporary staff)

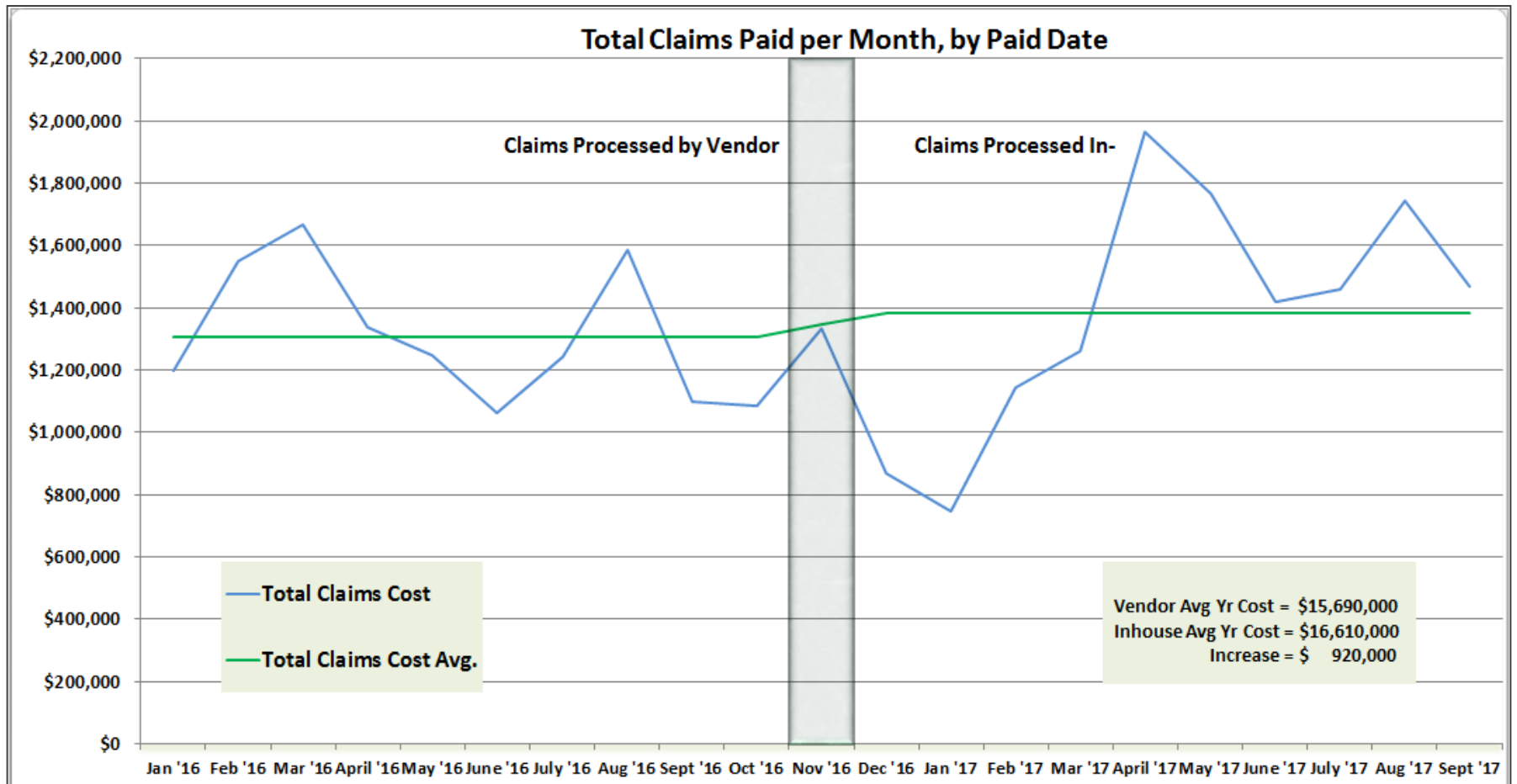
Expanding In-house PA Processing (2)

- Implemented automated processing (AP)
 - Low touch, less rigorous review
 - Designed to have future rules added for more efficient processing
- Purchased InterQual® software
 - Supports determination of medical necessity using evidence-based logic
 - Currently only on staff desktops
- Developed appropriate metrics

Controlling the Chaos



Claims Effect from November 2016 Vendor Amendment Cancellation



Anticipated Budget Effects

	Year 1	Year 5
Contract	\$6,000,000	\$6,000,000
Claims Volume	(\$920,000)	\$1,600,000
InterQual	(\$1,575,000)	(\$1,300,000)
Additional AP Rules	(\$625,000)	(\$100,000)
Staff/ Contracts	(\$700,000)	(\$700,000)
	-----	-----
Net Savings	<u>\$2,180,000</u>	<u>\$5,500,000</u>

Future Plans

- InterQual Connect® implementation
 - Automated, evidence-based guidelines
 - Question & Answer format for providers
 - Integrated with SoonerCare Provider Portal
 - Increase OHCA's ability to process PAs using rules
 - Improve process to determine whether manual review is needed
 - OHCA is able to customize InterQual® guidelines

Future Plans

- InterQual® pilot Dec. 4, 2017 – March 1, 2018
 - Hip and knee replacements
 - Full implementation spring/summer 2018 including processing rules
- Continue to look at what services should be prior authorized
- Build business rules
- Staff using InterQual® internally now

Future Plans

- Staff job functions will change over time as more automation goes into effect
 - Random auditing of PA automated decisions
 - Use expertise to evaluate PA requests which fall outside normal parameters
 - Recommend business rule and guideline changes

Future Plans



Medical Authorizations and Review Team List

Garth Splinter, M.D.

Mike Herndon, D.O.

Yasmine Barve, R.N.

Jean Krieske, R.N.

Jeannie Vigneron, R.N.

Kristall Bright, R.N.

Stan Ruffner

Natasha Kester

Karen Beam, R.N.

Jami Adams

Kimberely Helton

Fred Oraene, MBA

Sarah Walker

Jennifer Gaskill

Braden Mitchell

Melanie Lawrence, PMP

Deputy Chief Executive Officer

Chief Medical Officer

Dir., Medical Professional Services

Dir., Medical Admin. Support Services

Medical Auth. & Review Supervisor

Medical Auth. & Review Supervisor

DMEPOS Program Director

Medical Administrative Lead

Medical Admin. Support Services Nurse

System Analyst III

Professional Svcs. Contract Manager

Dir., Office of Data Gov. and Analytics

Clinical Outcomes Analyst

Research Analyst

Project Manager

Sr. Project Manager



SoonerCare Tobacco Cessation Strategies

October 12, 2017

Adult Smoking Rates

- Oklahoma adult smoking rate according to Behavioral Risk Factor Surveillance System (BRFSS)
 - 19.6 percent in 2016
 - Down from 22.1 percent in 2015
- Oklahoma Medicaid adult smoking rate based on CAHPS
 - 34.4 percent in 2016
 - Down from 36.7 percent in 2015

Statewide Efforts

- The Oklahoma State Department of Health
Oklahoma Health Improvement Plan (OHIP2020)
 - Tobacco use is named as one of the key areas of focus that will have the greatest impact on the health of Oklahomans now and for future generations.
- Tobacco Settlement Endowment Trust (TSET)
 - TSET was established in 2000 following legislation to create a state question, which voters approved, to develop a trust to protect 1998 Master Settlement Agreement funds.

Partnership - Connect4Health

- Under the Connect4Health umbrella, all SoonerCare pregnant women are automatically enrolled in Text4Baby.
- Pregnant women who opt in to the smoking cessation program through Text4Baby are enrolled in Quit4Baby.
- Individuals enrolled in Quit4baby receive educational messages, links to their state quit line and other resources.

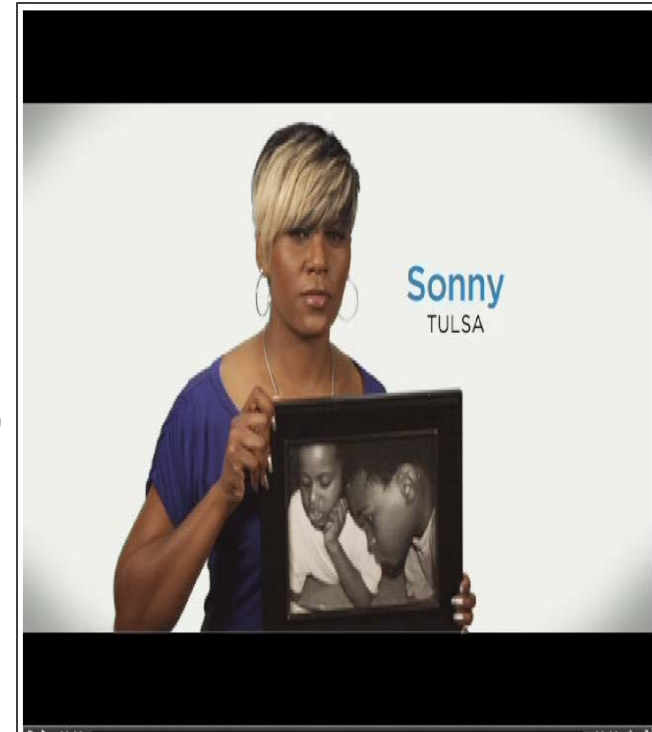
Partnership – TSET

- **SoonerQuit for Women Media Campaign**
- **Oklahoma Tobacco Helpline**
- **SoonerQuit Grants**
 - SoonerQuit Provider Engagement
 - SoonerQuit Health Promotion

Grants from TSET allow OHCA to draw down federal matching funds for cessation efforts

SoonerQuit for Women

- Oklahoma Tobacco Helpline Branding
 - Media campaign including:
 - TV
 - Radio
 - Billboards
 - Transit (bus wraps, bus benches)
 - Social media
 - Website advertisements



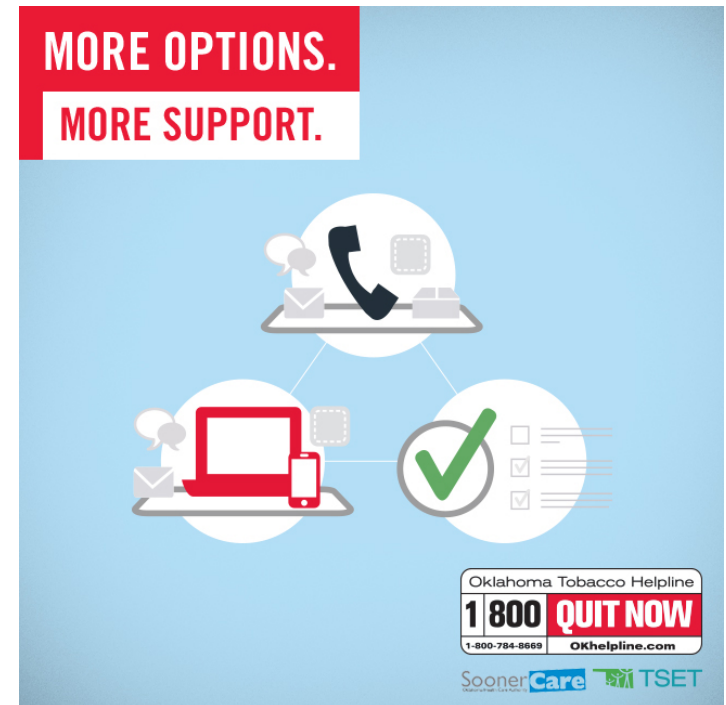
SoonerQuit for Women, *cont.*



Oklahoma Tobacco Helpline

OHCA pays for SoonerCare members to receive the following benefits from the Helpline:

- Calls
- Emails/Web Coach
- Text2Quit
- Materials



A promotional graphic for the Oklahoma Tobacco Helpline. It features a light blue background with a red banner at the top left containing the text "MORE OPTIONS. MORE SUPPORT." in white. Below the banner, there are three circular icons: the top one shows a telephone handset, the middle one shows a laptop and a smartphone, and the bottom one shows a green checkmark next to a checklist. At the bottom right, there is a logo for the Oklahoma Tobacco Helpline with the text "1 800 QUIT NOW" and "1-800-784-8669 OKhelpline.com". Below this logo are the logos for SoonerCare and TSET.

SoonerQuit Provider Engagement

- Utilizes practice facilitation to assist providers with implementing evidence-based best practices
- Trains, educates and provides resources to physicians and their staff on SoonerCare cessation benefits and the Oklahoma Tobacco Helpline
- Began in 2010

SoonerQuit Provider Engagement, *cont.*

- Provided facilitation to 82 providers since August 2014
- Reviewed 450 fax referrals to the Oklahoma Tobacco Helpline from OHCA referral partners in SFY 17

SoonerQuit Provider Engagement SFY 16 Evaluation

	Pre-Facilitation	Post-Facilitation
OTH Referrals	66	532

SoonerQuit Provider Engagement SFY 16 Evaluation

	Baseline survey	6 month follow-up	12 month follow-up
Always billed SoonerCare	16%	41%	71%
Sometimes billed SoonerCare	48%	52%	29%
Never billed SoonerCare	36%	7%	0%

SoonerQuit Health Promotion

- Works with community partners, members and providers to promote awareness and increase utilization of cessation services
- Internal policy changes to enhance and increase access to benefits
- Began in 2015

OHCA Policy Changes

- Nicotine replacement therapy (NRT) and pharmacotherapy
 - No copay
 - No prior authorization
 - No duration limits
 - Does not count towards monthly prescription limit
 - Covers combination therapy

OHCA Policy Changes, *cont.*

- Member cessation counseling benefit
 - Eight (8) sessions per 12 months
 - No copay
- Documentation for cessation counseling sessions
 - No separate progress note
 - No start/stop time

Additional Efforts

- Online health risk assessment
- Developed a database and internal process for Member Services and Population Care Management (PCM) departments to make a referral to the helpline on behalf of the member
- PCM trained in motivational interviewing to encourage behavior change
 - Department works with a large number of pregnant women and households with children

OHCA's Progress

OHCA Tobacco Cessation Services

Members Receiving Services (unique)

Year	Members	Percent Change	Dental	Physician	RX
SFY2016	19,147		2,886	8,654	8,948
SFY2017	21,530	12%	2,569	10,723	9,970

*Services

Year	Services	Percent Change	Dental	Physician	RX
SFY2016	37,890		3,302	14,996	20,467
SFY2017	43,535	15%	3,102	18,583	23,070

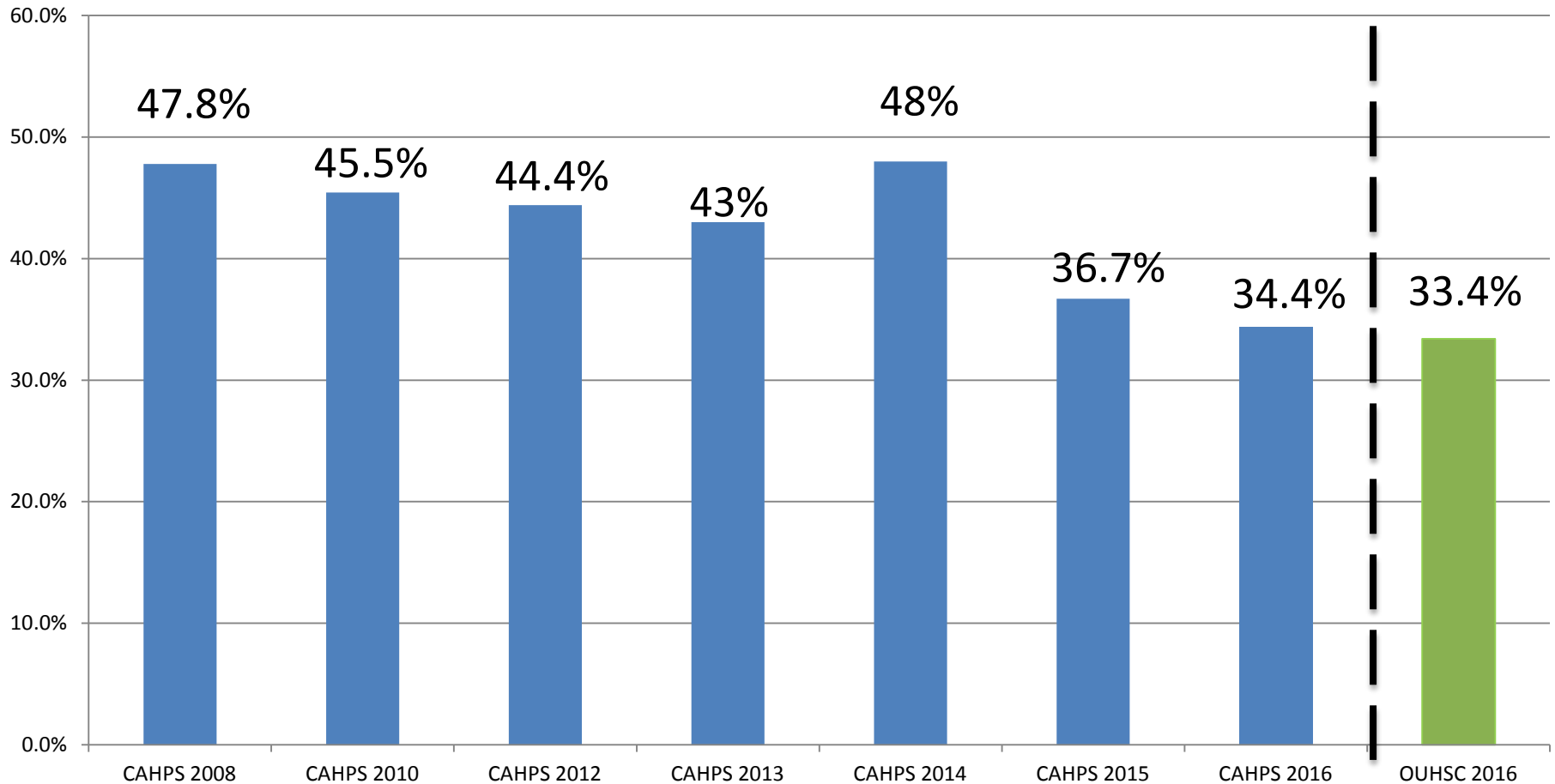
*Members with multiple services in the same calendar month were rolled up as 1 service.

OHCA's Progress, *cont.*

- Registered 4,899 SoonerCare members for Oklahoma Tobacco Helpline services in SFY 17
- Registered 264 pregnant SoonerCare members to the Oklahoma Tobacco Helpline in SFY 17

OHCA's Progress, *cont.*

Tobacco rates among Soonercare members



Questions?





1st Extraordinary Session of the 56th Legislature

Report for Oct. 12, 2017

Oklahoma's special session convened Monday, Sept. 25, and adjourned to the call of the chair on Wednesday, Sept. 27. At the time of this report, the House was expected to reconvene on Monday, Oct. 9, to continue floor work.

Interim Studies

OHCA is tracking 48 interim studies related to health care, appropriations and state employee relations. On Wednesday, Oct. 11, Becky Pasternik-Ikard will present on House Interim Study 2017-115, which concerns boards that control authorities.

Cigarette tax

OHCA continues to monitor HB1099X, a cigarette tax bill that passed the House JCAB 19-9 and the Senate JCAB 10-2 on Tuesday, Sept. 26. It can now go to the House floor.

HOPE Act

HB1093X, one of three HOPE Act bills, received a do-pass recommendation from the House Rules committee on Thursday, Sept. 28. HB1093X would require OHCA to conduct a myriad of data checks before determining eligibility and carries a fiscal impact to the agency.



Statewide Transition Plan Overview

October 12, 2017

Presented by Beverly Couch

Final Rule – Background/Intent

- The final home and community-based services (HCBS) regulations were published in the Federal Register on January 16, 2014, and became effective March 17, 2014.
- The intent of the rule is to ensure that individuals receiving Medicaid-funded HCBS have the opportunity to receive services in a manner that protects individual choice and promotes community integration.

Transition Period

- All states are required to submit Statewide Transition Plan (STP).
- The Centers for Medicare & Medicaid Services (CMS) extended the transition period, allowing states more time to comply.
 - States are now required to be in compliance with the new HCBS requirements by March 17, 2022

STP: What Is It?

- The Statewide Transition Plan (STP) is the vehicle through which states determine their compliance with the regulation requirements for HCBS settings found at 42 CFR 441.301(c)(4)(5) and 441.710(a)(1)(2) and describes to CMS how they will comply with the new requirements.

HCBS Setting Requirements

Are integrated in and support full access to the greater community

Provide opportunities to seek employment and work in competitive integrated settings, engage in community life and control personal resources

Ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Are selected by the individual from among setting options that include non-disability specific settings

Ensure an individual's rights of privacy, respect and freedom from coercion and restraint

Optimize individual, autonomy and independence in making life choices

Facilitate individual choice regarding services and supports and who provides them

Oklahoma HCBS Settings

Department of Developmental Services (DDS) and Aging Settings

Specialized foster care

Daily living supports

Group home services

Adult day health

Supported employment

Prevocational services

Agency companion

Assisted living

Parent's/Relative's or own home

Oklahoma STP Includes

- Workgroups
 - OHCA
 - DDS
 - Aging services
 - Stakeholder
- Systemic review
- Provider assessments

Oklahoma STP Includes

- Monitoring plan
 - Remediation
 - Public input (posted plan, public meetings and comments)
 - Relocation

<u>Drug</u>	<u>Used for</u>	<u>Cost</u>	<u>Notes</u>
Afstyla	Hemophilia	\$50,000/month	Step therapy
Rebinyn	Hemophilia	Not yet available	Step therapy
Endari	Sickle Cell Disease	\$3,000/month	
Namenda XR	Alzheimer's	\$4,500/year	Generic < \$150/year
Fabrazyme	Fabry's Disease	\$300,000/year	1 member
Kisqali	Breast cancer	\$11,000/month	
Kisqali/Femara	Breast cancer	\$11,000/month	
Nerlynx	Breast cancer	\$11,000/month	



Recommendation 1: Prior Authorize Afstyla® [Antihemophilic Factor (Recombinant), Single Chain] and Rebinyn® [Coagulation Factor IX (Recombinant), GlycoPEGylated]

The Drug Utilization Review Board recommends the prior authorization of Afstyla® [antihemophilic factor (recombinant), single chain] and Rebinyn® [coagulation factor IX (recombinant), glycoPEGylated] with the following criteria:

Eloctate™, Adynovate®, Afstyla®, Alprolix®, Idelvion®, and Rebinyn® Approval Criteria:

1. An FDA approved indication; and
2. Requested medication must be prescribed by a hematologist specializing in hemophilia, or a mid-level practitioner with a supervising physician that is a hematologist specializing in hemophilia; and
3. A patient-specific, clinically significant reason why the member cannot use the following:
 - a. Hemophilia A: Advate® or current factor VIII replacement product; or
 - b. Hemophilia B: Benefix® or current factor IX replacement product; and
4. A half-life study must be performed to determine the appropriate dose and dosing interval; and
5. Initial approvals will be for the duration of the half-life study. If the half-life study shows significant benefit in prolonged half-life, subsequent approvals will be for the duration of one year.

Recommendation 2: Prior Authorize Endari™ (L-Glutamine)

The Drug Utilization Review Board recommends the prior authorization of Endari™ (L-glutamine) with the following criteria:

Endari™ (L-Glutamine) Approval Criteria:

1. An FDA approved diagnosis of sickle cell disease; and
2. Member must be at least 5 years of age or older; and
3. A trial of hydroxyurea or documentation why hydroxyurea is not appropriate for the member; and
4. Endari™ must be prescribed by, or in consultation with, a hematologist or a specialist with expertise in treatment of sickle cell disease (or in consultation with an advanced care practitioner with a supervising physician who is a hematologist or specialist with expertise in treating sickle cell disease); and
5. The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate amount of drug required according to package labeling.
6. Initial approvals will be for a duration of six months. Reauthorization may be granted if the prescriber documents the member is responding well to treatment.

Recommendation 3: Prior Authorize Namenda XR® (Memantine Extended-Release Capsules)

The Drug Utilization Review Board recommends the prior authorization of Namenda XR® (memantine ER capsules) with the following criteria:

Namenda XR® [Memantine Extended-Release (ER) Capsules] Approval Criteria:

1. An FDA approved diagnosis for the treatment of moderate-to-severe Alzheimer's type dementia; and
2. A patient-specific, clinically significant reason why the member cannot use memantine immediate-release tablets.

Recommendation 4: Prior Authorize Fabrazyme® (Agalsidase Beta)

The Drug Utilization Review Board recommends the prior authorization of Fabrazyme® (agalsidase beta) with the following criteria:

Fabrazyme® (Agalsidase Beta) Approval Criteria:

1. An FDA approved diagnosis of Fabry disease. Diagnosis must be confirmed by one of the following:
 - a. Genetic testing confirming positive galactosidase alpha (*GLA*) gene mutation; or
 - b. Decreased plasma levels of alpha-galactosidase A (less than 5% of normal); and
2. Fabrazyme® (agalsidase beta) will initially be approved for six months. After that time, compliance will be required for continued authorization; and
3. The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate amount of drug required according to package labeling.

Recommendation 5: Prior Authorize Kisqali® (Ribociclib), Kisqali® Femara® Co-Pack (Ribociclib/Letrozole), and Nerlynx™ (Neratinib)

The Drug Utilization Review Board recommends the prior authorization of Kisqali® (ribociclib), Kisqali® Femara® Co-Pack (ribociclib/letrozole), and Nerlynx™ (neratinib) with the following criteria:

Kisqali® (Ribociclib) Approval Criteria:

1. A patient-specific, clinically significant reason why the member cannot use the co-packaged formulation with letrozole; and
2. A diagnosis of advanced or metastatic breast cancer, initial therapy; and
3. Member must be Hormone Receptor (HR)-positive; and
4. Member must be Human Epidermal Receptor Type 2 (HER2)-negative; and
5. Ribociclib must be given in combination with an aromatase inhibitor; and
6. Ribociclib must be used in postmenopausal women only.
7. Authorizations will be for the duration of three months. Reauthorization may be granted if the patient does not show evidence of progressive disease while on ribociclib therapy.

Kisqali® Femara® Co-Pack (Ribociclib/Letrozole) Approval Criteria:

1. A diagnosis of advanced or metastatic breast cancer, initial therapy; and
2. Member must be Hormone Receptor (HR)-positive; and
3. Member must be Human Epidermal Receptor Type 2 (HER2)-negative; and
4. Ribociclib must be used in postmenopausal women only.
5. Authorizations will be for the duration of three months. Reauthorization may be granted if the patient does not show evidence of progressive disease while on ribociclib/letrozole therapy.

Nerlynx™ (Neratinib) Approval Criteria:

1. For adjuvant treatment in early stage breast cancer; and
2. Member must have Human Epidermal Receptor Type 2 (HER2)-overexpressed breast cancer; and
3. Neratinib must be used to follow adjuvant trastuzumab-based therapy.
4. Authorizations will be for the duration of three months. Reauthorization may be granted if the patient does not show evidence of progressive disease while on neratinib therapy.